

MDR Tracking Number: M5-04-2142-01

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 11/13/02 through 1/10/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 1st day of April 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

Amended Letter

Note: MDR Tracking #

March 10, 2004
MDR Tracking #: M5-04-2142-01
IRO Certificate #:IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ____'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury on ____ while working in a kitchen. She reported severe low back pain and eventually underwent a lumbar laminectomy and discectomy with fusion L4-5 and L5-S1 on 07/17/02. She began post operative rehabilitation with a chiropractor on 10/22/02.

Requested Service(s)

Office visits with manipulation, neuromuscular re-education, ultrasound, myofascial release, therapeutic exercises, and electrical stimulation from 11/13/02 through 01/10/03

Decision

It is determined that the neuromuscular re-education and therapeutic exercises from 11/13/02 through 01/10/03 were medically necessary to treat this patient's condition. However, the office visits with manipulation, ultrasound, myofascial release, and electrical stimulation from 11/13/02 through 01/10/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The use of therapeutic exercises and neuromuscular rehabilitation were medically necessary for the treatment of the patient's condition. Haldeman et al indicate that it is beneficial to proceed to the rehabilitation phase of care as rapidly as possible to minimize dependence on passive forms of treatment/care and reaching the rehabilitation phase as rapidly as possible and minimizing dependence on passive treatment usually leads to the optimum result. (*Haldeman, S., Chapman-Smith, D., and Petersen, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaithersburg, Maryland, 1993*)

The use of manipulation was not medically necessary from 11/13/02 to 01/10/03 in light of the fact that the patient had undergone a two-level lumbar fusion and the problem areas in her spine were surgically fused. The use of manipulation in the treatment of a post-fusion patient is not indicated. The doctor utilized passive physical therapy modalities and procedures from 11/13/02 through 01/10/03 and the use of the passive procedures (ultrasound, myofascial release, and electrical stimulation) was not indicated for this patient. The Philadelphia Panel found that therapeutic exercises were found to be beneficial for chronic, subacute, and post-surgery low back pain. Continuation of normal activities was the only intervention with beneficial effects for acute low back pain. For several interventions and indications (e.g., thermotherapy, therapeutic ultrasound, massage, electrical stimulation), there was a lack of evidence regarding efficacy. (*"Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Low Back Pain". Physical Therapy. 2001; 81:1641-1674*)

The Agency for Health Care Policy and Research: Clinical Practice Guideline Number 14, "Acute Low Back Problems in Adults" indicates that "the use of physical agents and modalities in the treatment of acute low back problems is of insufficiently proven benefit to justify its cost". They did note that some patients with acute low back problems appear to

have temporary symptomatic relief with physical agents and modalities. Therefore, the use of passive physical therapy modalities (hot/cold packs, electrical stimulation) is not indicated after the first 2-3 weeks of care.

Robertson and Baker noted that therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. The authors conducted a systemic review of randomized controlled trials (RCTs) in which ultrasound was used to treat people with those conditions. Ten of the 35 RCTs were judged to have acceptable methods using criteria based on those developed by Sackett et al. Of these RCTs, the results of 2 trials suggest that therapeutic ultrasound is more effective in treating some clinical problems (carpal tunnel syndrome and calcific tendinitis of the shoulder) than placebo ultrasound, and the results of 8 trials suggest that it is not. The authors concluded that there was little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. The few studies deemed to have adequate methods examined a wide range of patient problems. The few studies deemed to have adequate methods examined a wide range of patient problems. (Robertson VJ, Baker KG. "A Review of Therapeutic Ultrasound: Effectiveness Studies" Physical Therapy Jul;81(7):1339-50. Therefore, it is determined that the, neuromuscular re-education and therapeutic exercises, from 11/13/02 through 01/10/03 were medically necessary. However, the office visits with manipulation, ultrasound, myofascial release, and electrical stimulation from 11/13/02 through 01/10/03 were not medically necessary.

Sincerely,